

Case Management Quality Assurance Evaluation Tool

Aware Case Management Missoula. (Region V) FY 2010

AT THE AGENCY:	CASE MANAGER:	BK	EF	KF	MB	5	6	7	8
	Criteria Reference:								
Case Manager attendance at Incident Management Committee meetings for previous 12 months (+ = 90% to 100% attendance of scheduled meetings; - = Less than 90% attendance)	DDP Incident Mgmt Policy	+	+	N/A	N/A				
Caseload average size per FTE (prorated for less than full time employees, 2 files for Case Management Supervisor). (+ = Individual Case Manager has caseload of 35 or below; or Corporation's average CM caseload is 35 or less; - = Corporation's average CM caseload exceeds 35)	Contract	+	+	+	+				
Case Manager Qualifications (+ = Exceeds Standard qualifications; BA or BS in Social Work or related field + 1 year experience, or 5 years Developmental Disabilities-like experience; - = Standard qualifications not met)	Contract, ARM 37.86.3606	+	+	+	+				
Case Manager Experience (Review once per individual Case Manager, Not Applicable if reviewed in a previous year) (+ = More than 1 year Developmental Disabilities experience upon hire; or 1 yr Developmental Disabilities exp. upon hire, or 40 hrs of Developmental Disabilities Program approved training within 3 months of hire; - = Standard qualifications not met)	Contract, ARM 37.86.3606	+	+	+	+				
Case Manager New Hire Training (+ = Documentation of Personal Support Plan (PSP) training, first available training after hire. Montana Resource Allocation (MONA) training, first available MONA training after hire; - = Standard not met)	Contract	n/a	n/a	+	+				
Case Manager Annual Training, Includes Abuse Prevention and MONA Recertification annually (Refer to Case Management Training List) (+ = 20 hours/year of Developmental Disabilities Program approved training; - = less than 20 hours/year of Developmental Disabilities Program approved training)	Contract, Waiver, ARM 37.86.3606	+	+	+	+				
Comments: AWARE CMs very qualified and initial and ongoing training being done, as evidenced by training logs. CM case loads are within the maximum 35 cases per CM range, and an AWARE CM is present at each Incident Management meeting.									

INDIVIDUAL CONSUMER FILES: Review 10 % sample per Case Manager, which includes files of individuals receiving Case Management only, and of individuals receiving Residential and/or Day/Work services.	CONSUMER:																	CM 5.1	CM 5.2	DDS 5.1	DDS 5.2	CM 6.1	CM 6.2	DDS 6.1	DDS 6.2	CM 7.1	CM 7.2	DDS 7.1	DDS 7.2	CM 8.1	DDS 8.1
	Criteria Reference:																														
Referral for DD Case Management	Contract, CM Handbook, Referral Manual;	+	n/a	n/a	n/a	+	+	n/a	+	n/a	+	n/a	n/a	n/a	+	+	n/a														
+ = Initial contact with 6-10 working days from date of referral; - = Initial contact in excess of 10 working days from date of referral.																															
Request for DDP Eligibility (Complete referral includes recent psychological with standard IQ scores, adaptive assessment or documentation of coordination with QIS to complete Vineland II, cover letter requesting eligibility.)	Contract, CM Handbook, Referral Manual	n/a	+	n/a	n/a	n/a	+	n/a	+	n/a	+	n/a	n/a	n/a	+	+	n/a														
+ = Complete eligibility information submitted to QIS, - = Incomplete referral information.																															
Initial Referral for Services (Gather information throughout the year using the Referral File Checklist)	Referral Manual, ARM 37.86.3605	n/a	n/a	n/a	n/a	n/a	+	+	+	n/a	+	n/a	n/a	n/a	+	+	n/a														
+ = Complete Referral Packet submitted to QIS; - = Referral Packet returned to Case Manager for additional information.																															
Referral Updates (Gather information throughout the year using the Referral File Checklist, also reference Case Notes and Plan of Care)	Referral Manual, CM Handbook	+	n/a	n/a	+	n/a	+	n/a	+	n/a	+	+	+	n/a	+	+	-														
+ = Annual Update (365 days or less); - = Update exceeds 365 days – Consumer DR not referred to services, bur file review indicates service would be beneficial. Consumer KD referral is over 1 year old.																															
Facilitate Consumer Choice (provider selection and enrollment)	Contract, Waiver	n/a	n/a	+	+	+	+	+	+	+	+	+	+	+	+	+	+														
+=Completed Waiver 5 with 365 days of previous Waiver 5, documentation of follow-up if needed; -=Signed Waiver 5 exceeds 365 days of previous Waiver 5, no follow-up.																															
Inform Consumer/Guardian of Available Waiver Services	Waiver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+														
+=Evidence waiver services information is made available to Consumer/Guardian; -=Lack of documentation available.																															

Case Management Evaluation Summary: ■■■ referral updated 12/2009 but No WL Entry change form or updated referral in CM file. MONA doesn't reflect need according to ■■■'s referral. ■■■ had no Waitlist Entry change form but did have updated referral June 2009.

																		CM 5.1	CM 5.2	DDS 5.1	DDS 5.2	CM 6.1	CM 6.2	DDS 6.1	DDS 6.2	CM 7.1	CM 7.2	DDS 7.1	DDS 7.2	CM 8.1	DDS 8.1
	CONSUMER:																														
Assess and Assure Training in Abuse, Neglect & Exploitation Reporting is provided as needed	Contract	+	+	+	+	+	+	-	+	+	+	+	+	+	+	-	+														
+=Plan of Care documents individual's ability to recognize and report A/N/E & training, as needed, addressed in Plan of Care(PSP); -=No documentation of assessment, or training in Plan of Care(PSP).																															
Individual Cost Plans (ICP)	Contract, CM Handbook	N/A	N/A	+	+	N/A	-	+	+	+	N/A	N/A	+	+	N/A	N/A	+														
+=Evidence of ICP development; -=Evidence of significant change in need but no follow-up by Case Manager to revise ICP.																															
Plan of Care (PSP)	PSP Manual, ARM 37.86.3605 & 37.86.3606	N/A	N/A	+	+	N/A	-	N/A	+	N/A	+	N/A	N/A	N/A	N/A	+	N/A														
+= Plan of Care developed within 30 days of enrollment of services and supports the persons "Vision Statement"--Plan of Care exceeds 30 days, or is not based on persons "Vision Statement".																															
Annual Plan of Care (PSP) (individual waiting for services and receiving Case Management only)	ARM 37.86.3305, Case Management Handbook	+	+	+	+	N/A	-	-	N/A	+	+	+	N/A	N/A	+	+	N/A														
+=PSP developed within 365 days of previous plan with goals for referral and completed "General Information Page", "Vision Page" "Personal Introduction Page" "Signature Page" -=PSP development exceeds 365 days from previous plan, does not have referral and required PSP Forms completed. DR, TJ, DO Annual PSPs over one year since previous plan, additional concerns with TJ see comments below.																															
Coordination for Annual Plan of Care (PSP)	PSP Manual; PSP Policy	+	+	+	+	-	+	-	+	+	+	+	-	+	+	+	+														
+=TCM assures Plan of Care information gathering and dissemination meets timelines; -=Timelines exceeded information gathering & dissemination.																															
Annual Plan of Care (PSP)	PSP Manual, ARM 37.86.3605 & 37.86.3606	+	+	+	+	-	N/A	-	+	+	+	+	-	+	N/A	N/A	+														
+=Plan developed and all forms completed and up-dated within 365 days of previous plan; -=Plan date exceeds of 365 days from previous plan, no follow-up to areas identified on PSP Checklist.																															
Plan of Care Supporting Documents Annual Health & Safety Checklist , Vulnerability Assessment	PSP Manual; PSP Policy	+	+	+	+	-	+	-	+	+	+	+	-	+	+	-	+														
+=Forms complete, -=Incomplete forms, Forms either missing or not complete for DO, BH and KH																															

Case Management Evaluation Summary: ■ had no plan since 2/19/09.
■ had visions in her plan that she already has: "Have own apartment" and "work where she likes"
no plan of care, ■ no plan of care for 15 months & HealthCare checklist blank
and ■ did not have Abuse/Neglect sheet in PSP or any comments in contact related to informing them of their right to be free from abuse and who to contact if need be.
■, no PSP but supporting documents available. ■ was screened into a day service then accepted for ■ ~ no ICP ever created for him, no additional services being purchased, no follow up from CM.

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PSP Follow-Up Quality Assurance Checklist Completed by QIS	PSP Manual; PSP Policy	+	+	-	+	-	-	-	-	+	+	+	-	+	-	+	+														
+=Standards in items 1-6 are met; -=Any standard in items 1-6 are not met.																															
Quarterly Report Review	Case Management Handbook, PSP Manual	+	N/A	+	+	-	+	+	+	+	N/A	+	-	+	N/A	+	+														
+=Documentation of review & follow-up -= lack of Documentation of review or follow-up.																															
Crisis Management	DDP Incident Management Policy, ARM 37.86.3605	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+														
+=Evidence of follow-up to incidents, trend data; -=Lack of documentation or follow-up.																															
Face-to-Face Contacts (Individuals Receiving Developmental Disabilities Program-Funded Services)	Contract	n/a	n/a	+	+	n/a	n/a	+	+	n/a	n/a	+	+	n/a	n/a	+	+														
+=6 or more Personal Direct Visits /one per month in 6 separate months; -=less than 6 Personal Direct Visits one per month in less than 6 separate months.																															
Face-to-face Contacts (Individuals Receiving Case Management Services Only)	Contract	+	+	n/a	n/a	+	+	n/a	n/a	+	+	n/a	n/a	+	+	n/a	n/a														
+=4 Personal Direct Visits / one per quarter in four separate quarters; -=less than 4 Personal Direct Visits more than one per quarter for the four quarters of the year.																															

Case Management Evaluation Summary: [REDACTED] was screened into DD funding but ICP not developed when he received EE funding in April 2009. He should have been accessing the DD dollars for some SL services, etc.

[REDACTED] and [REDACTED] had neither implementation strategies nor any indication that CM requested. See PSP QA checklist

[REDACTED] had no SL quarterly since 10/8/09 and no work quarterly since 9/9/09 and none prior since 10/08. No indication that CM requested.

[REDACTED] has no MONA. [REDACTED] has no MONA